

THE United States District
Court for The Middle District of Alabama
Northern Division

Jimmy Frank Cameron
Plaintiff
v.

FILED
JAN 25 AM 7:47
U.S. DISTRICT COURT
CASE NO. 206-CV-1115-MHT

Richard Allen Et, AL
Defendants

Motion To Amend
Complaint
To Advise The Court

ON The 1-23-07 Plaintiff WAS charged 3.00 co-
Pay To see Doctor Siddig for Treatment for Back
pain. Plaintiff saw Doctor Siddig and ask him
to help plaintiff. again plaintiff Told Doctor Siddig
about Plaintiff having Hepatistis C. Plaintiff Told Doctor Siddig
That He WAS not suppose To be Taking Tylenol because
They were BAD for Plaintiff Liver. Doctor Siddig Reply
WAS. you Dont have To Take it. Plaintiff ask The Doctor
if That WAS ALL he WAS going To Do for Plaintiff
and WAS Told by Doctor Siddig That WAS ALL That He
WAS going To Do. Plaintiff is charged \$3.00 co-Pay
every Time he signs up for sick Call for The Same
Reason. With out ever getting any SERIOUS Treatment!
for his BACK Problems. see Exhibits in medical Records
Plaintiff is Being Denied Adequate medical
Treatment Because of This Civil Action." and has
been since coming into The Department of Corrections

Plaintiff Ask This Honorable Court To ORDER P.H.S and Doctor Siddig To give Plaintiff Edguate Treatment for his BACK. Plaintiff has Acid Reflex and has To Take ZANTAC 150 MG. and High Blood Pressure Medication 25 m.g. Plaintiff Suffers from Pinched Nerves on his Spine. and need Decompression Therapy To Stop ALL his Pain and suffering.

1-23-07

Jimmy F Cameron
Plaintiff

Certificate of Service

Come now Jimmy F Cameron and Does Say That A copy of The foregoing was mailed The The Dept. of Correction Legal Division on 1-23-07 Postage Prepaid. by placing same in the U.S. MAIL

1-23-07

Jimmy F Cameron
Plaintiff 105591

EXHIBIT (A)

1A-28

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CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

DEPARTMENT OF CORRECTIONS PHOTO COPIED

Name: Cameron, JimmyState ID No: 105591DOB: 123048Race: WSex: M

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: VCF

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PATP	Date of request	Time of request	Reason	Priority	Transportation of special needs
<u>Rappaport / 29</u>	<u>01/10/06</u>	<u>0930</u>	<u>X</u>		

~~HISTORY / PHYSICIAN'S~~
 Coned down AP View
 true lateral and Oblique Views
 at the level of T7-T8
 (Thoracic spine)
~~Previous Films~~

X-RAY REQUEST

ABDOMEN	FINGER	MASTOID VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OF CALCH (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADICULUS	TIBIA/FIBULA
COCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAL SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOCLAVICULAR ARCH
FEMUR	MASAL BONES	SKULL	

Cameron

REPORT

AP, LATERAL AND OBLIQUE VIEWS OF THE LOWER DORSAL SPINE: There are severe compression fractures of the bodies of T7 and T8 with moderately severe compression fracture of T11. There is relatively slight compression of the body of T6. There is moderate osteopenia. There are mild associated degenerative and hypertrophic changes.

IMPRESSION: MULTIPLE COMPRESSION FRACTURES AS DESCRIBED, THE AGE OF WHICH IS UNKNOWN.

D & T: 01-12-06 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

EXHIBIT (B)

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: VCF

Name: Cameron, Jimmy

State ID No.: 105591

DOB: 123048

Race: W

Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PANP

Date of request

Time of request

Routine

Priority

Transportation of special needs

HISTORY/DIAGNOSIS:

C/o mid Back to LT chest
discomfort (posterior)
w/previous

X-RAY REQUEST

ABDOMEN	FEET	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (R/W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	<input checked="" type="checkbox"/> THORACIC SPINE 2 Views
CHEST PA / LATERAL	HUMERUS	RADICULAXA	TIBIA/FIBULA
COXES	KNEE	RIBS	TOES
CONED-DOWN BULLA TURKICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Cameron

REPORT

DORSAL SPINE: The examination is compared with the previous study of 11-11-05. The examination again shows compression fractures of T7 and T8. There appears to have been some further compression since previous examination. Compression fractures of T11 and L1 show no significant change. Deformity of multiple left upper ribs is again noted.

IMPRESSION: THERE ARE MULTIPLE COMPRESSION FRACTURES IN THE LOWER DORSAL SPINE. THERE APPEARS TO HAVE BEEN SOME MILD FURTHER COMPRESSION OF THE BODIES OF T7 AND T8. SUGGEST FOLLOW UP TO INCLUDE CONED-DOWN AP, TRUE-LATERAL AND OBLIQUE VIEWS CENTERED AT THE LEVEL OF T7-T8.

D & T: 01-09-06 Howard P. Schiele, M.D./jhi Board Certified Radiologist (Signature on file)

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TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

WHILE CHART COPY: CANARY: PHYSICIAN'S COPY: PINK: FILE COPY